

EXHIBIT E-4 - UNTIMELY INDIVIDUAL WORKERS' COMPENSATION CLAIM

CREDITOR'S NAME *	CLAIM NUMBER	ASSERTED CLAIM AMOUNT **	DATE FILED	DOCKETED DEBTOR
JONES LINDA	16295	Secured: Priority: UNL Administrative: Unsecured: UNL Total: UNL	09/08/2006	DELPHI CORPORATION (05-44481)

Total: 1 UNL

\* The addresses of the creditors on this exhibit have been intentionally omitted for privacy reasons.

\*\* "UNL" denotes an unliquidated claim.